

# Behavioral Health Integration: Stakeholder Advisory Group Draft Charter<sup>1</sup>

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## **Name of Working Group**

Behavioral Health Integration Stakeholder Advisory Group

## **Background Information**

The District recently embarked on a Medicaid behavioral health redesign and transformation effort in alignment with DHCF's strategic priority to build a health system that provides whole person care. The District seeks to ensure that Medicaid mental health, substance abuse, primary care, and specialty services are coordinated and delivered in a manner that is most effective to caring for people with multiple healthcare needs and produces the best outcomes. This transformation effort is guided by the following principles:

- **Embrace a Population Health Framework**
  - Ensure access to a continuum of behavioral health services, including prevention, treatment, and recovery for the Medicaid population.
  - Improve coordination of physical and behavioral health services.
  - Promote evidence-based approaches to population health management.
- **Provide Person-Centered Care**
  - Facilitate access to care, including the ease of making an appointment and telehealth.
  - Patient engagement in care, including assistance with self-care, patient education, and access to personal health information.
  - Ensure accessibility of public information to inform provider choice such as provider directory information on office hours, services, credentials, and patient experience; and opportunities for ongoing, routine patient feedback.
- **Ensure Parity**
  - Promote access to behavioral health services comparable to that which occurs for physical health services.

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<sup>1</sup> This draft charter is intended for informational purposes only. Once members are confirmed, the Stakeholder Advisory Group will refine and update the charter to fully reflect their membership, tasks, and scope of work.

- Improve Quality
  - Invest in a system that integrates, when needed, the treatment of mental health and substance use disorders.
  - Measure performance using Federal and District defined metrics.
  - Ensure clinical information systems support high-quality care, practice-based learning, and quality improvement.
  - Implement a data-driven continuous quality improvement plan for behavioral health services and coordination of physical and behavioral health services.
- Promote Health Equity
  - Ensure the availability of culturally competent services and healthy living access across all eight (8) wards.
  - Develop programs and services that address social determinants of health and enhance community supports to optimize care for higher-need consumers/clients
  - Implement strategies to reduce health and health care disparities.
- Promote Value, Efficiency, and Coordination
  - Pay for value, not for volume, of health care services.
  - Reward performance

A key component of this project will be to carve-in behavioral health services into managed care contracts. DHCF plans to include behavioral health services as covered benefits in the District’s managed care contracts as of October 1, 2022 with the purpose of improving coordination and providing whole-person care to increase service integration for individuals with behavioral health needs. To ensure that a carve-in of behavioral health services occurs in a comprehensive and coordinated manner, DBH and DHCF have created a project structure consisting of five work streams that address the five key components of this work (see Figure 1).

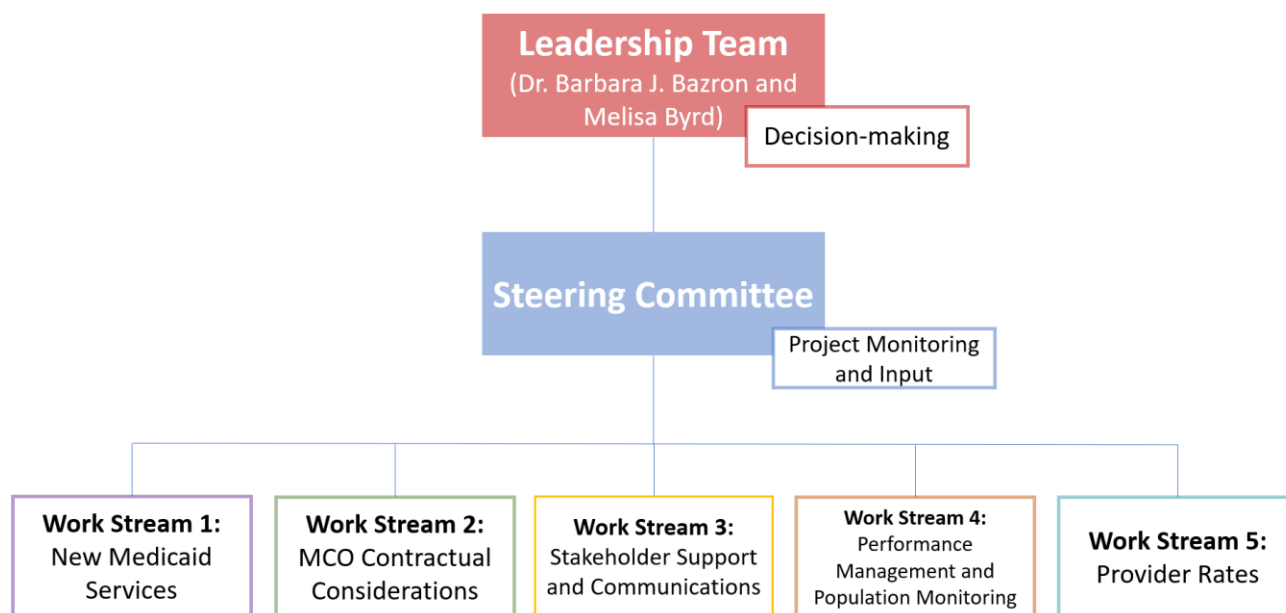
This structure reflects recommendations from Aurrera Health Group, a contractor hired to identify options for integrating behavioral health services that are currently provided through fee-for-service into Medicaid managed care, responses to the Request for Information on Medicaid Behavioral Health Transformation in the District of Columbia,<sup>2</sup> and the previous experience of both agencies. The report from Aurrera Health Group found that stakeholder communication prior to integration was an important element of the planning process for the states that have gone through this integration process. Specifically, they recommended the formation of a stakeholder advisory group.

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<sup>2</sup>

<https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/RFI%20Behavioral%20Health%20Transformation.pdf>

**Figure 1: Behavioral Health Integration Project Structure**



## Vision

The behavioral healthcare system in the District of Columbia will be a whole-person, population-based, integrated system that is comprehensive, coordinated, high quality, culturally competent, and equitable. The transformed system of care will improve the quality of care and health outcomes of Medicaid beneficiaries, and will be guided by the knowledge, needs and experience of the diverse stakeholders directly impacted by the resulting system.

## Mission

The Behavioral Health Integration Stakeholder Advisory Group provides input on key decisions relating to the carve-in of behavioral health services into Medicaid Managed Care, identifies potential issues and operational concerns, and provides solution-oriented feedback for consideration as part of a transparent behavioral health integration planning and implementation process through a collaboration between Medicaid and the Department of Behavioral Health.

## Structure/Membership

The Advisory Group will be managed by Work Stream 3, Stakeholder Support and Communications, and is co-led by an Executive Committee consisting of one government representative, one consumer representative, one consumer organization, one provider representative, one provider organization, and one MCO representative, supported by any additional individuals designated by the Director of DBH, the Medicaid Director, or by (co)chairing any Work Group(s) or Committee(s). While managed by Work Stream 3, the Advisory Group is expected to provide input regarding all Work Streams or other tasks

related to integration planning and implementation. Initial Work Groups will be established to make recommendations regarding the activities of Work Streams 1 to 4. The full Stakeholder Advisory Group will receive a report and provide comments regarding the activities of Work Stream 5, as requested by DBH or DHCF, with a separate stakeholder engagement process expected to be managed by the selected third-party contractor scheduled to be identified to conduct the rate study associated with development of proposed provider rates and proposed rate setting methodologies. Work Groups may be added, disbanded, or reconfigured by proposal of the Executive Committee and agreement of the Director of DBH and the Medicaid Director.

Membership consists of members representing the following stakeholder categories:

- Consumers,
- Caregivers,
- Family Run Organizations,
- Consumer advocates or consumer advocacy organizations,
- Consumer/Peer-Run organizations,
- Providers offering behavioral health services across the continuum of care,
- Provider organizations or provider trade associations,
- Medicaid Managed Care Organizations and relevant subcontractors, and
- Representatives from DBH and DHCF, and other relevant District agencies.

The Director of DBH and Medicaid Director will strive to ensure that the number of members from stakeholder consumers or individuals who are consumers or caregivers or organizations who work on behalf of consumers collectively equal or exceed the number of stakeholder providers, provider organizations, or provider trade associations collectively. Each Medicaid Managed Care Organization with a current contract with DHCF will be allowed two representatives, either of its own or of its relevant subcontractors.

## **Core Tasks and Expectations**

1. Provide solution-oriented feedback on issues, operational concerns, and other stakeholder interests related to the carve-in of behavioral health services.
2. Provide front-end stakeholder input on specific topics and decision points related to the carve-in of behavioral health services.
3. Review and provide edits and comments on behavioral health integration documents outside of scheduled meetings, as needed.
4. Form work groups for in depth discussion to inform recommendations that parallel other work streams.
5. Act as representative of designated stakeholder group, eliciting feedback as needed from constituents to further Advisory Group's work.
6. Identify other external entities needed for input on integration recommendations.

7. Refer discussion items to existing committees and advisory groups, including the Behavioral Health Planning Council and Medical Care Advisory Council, to provide expertise, as needed.
8. Provide stakeholder communication and preparation for the transition.

### Tentative Schedule<sup>3</sup>

Members will be expected to attend monthly virtual meetings, conference calls, and in-person meetings (pending the end of the COVID-19 Public Health Emergency), as well as engage in workgroups between these meetings, through the end of 2021. Members should anticipate that a majority of the work will be completed by October 2021, to facilitate FY23 budget formulation.

The Executive Committee will meet with the Director of DBH and the Medicaid Director in September 2021 to make a recommendation whether the Stakeholder Advisory Group should continue beyond October 2021 and to review the charter, membership structure, and Work Groups that might be needed to continue preparations before October 1, 2022 and thereafter. The Executive Committee's recommendations will be shared in the September 2021 meeting of the Stakeholder Advisory Group to solicit feedback and comments from all Stakeholder Advisory Group members.

### Sample Discussion Topics<sup>4</sup>

Topic	Anticipated Discussion Period <sup>5</sup>	Workstream / Work Group
Case Management and Care Coordination	May 17 – May 28, 2021	1
Consistency in MCO Standards & Procedures	May 3– May 14, 2021	2
Provider Performance Measures	May 3 – May 28, 2021	4
Permanent MCO Contract Policies	May 17 – May 28, 2021	2
Services to Carve-in (What are the services and what do they look like?)	May 3– May 14, 2021	1
Management of Local Dollar Resources/Spending/Services	June 1 – June 25, 2021	1
MCO Performance Measures	June 1 – June 25, 2021	4
Short-term MCO Contract Policies ("Bridge Policies")	June 1 – June 25, 2021	2
MCO Preparedness and Transition Planning	July 26 – August 13, 2021	2

<sup>3</sup> Specific meetings dates and timelines to be defined by the Stakeholder Advisory Group.

<sup>4</sup> Additional topics may be added as the BH integration process gets underway.

<sup>5</sup> Anticipated Discussion Periods are informed by the overall project plan, which are subject to change. The Stakeholder Advisory Group and its Work Groups should refine dates, as needed, while ensuring that they align with the project's overall deadlines and independencies between topics.

Provider Rate Study Results	August 2 – August 10, 2021 <sup>6</sup>	5 / Full Stakeholder Advisory Group
Provider Training and Technical Assistance Plan	August 16 – September 14, 2021	3
Beneficiary Education and Communications Plan	October 18 – November 19, 2021	3

## Reference Documents

- Summary of responses to Request for Information: Medicaid Behavioral Health Transformation in the District of Columbia: A Roadmap to Integrated Care - Forthcoming
- Strategies for Integrating Behavioral Health Services into Medicaid Managed Care Systems (Aurrera Health Group) – To be provided to Stakeholder Advisory Group Members
- DC DBH 2019 Strategic Plan - <https://dbh.dc.gov/publication/dbh-strategic-plan-2019>
- Report and Recommendations of the Mayor’s Commission on Healthcare Systems Transformation - [https://dmhhs.dc.gov/sites/default/files/dc/sites/dmhhs/page\\_content/attachments/Report%20and%20Recommendations%20of%20the%20MCHST\\_FINAL.pdf](https://dmhhs.dc.gov/sites/default/files/dc/sites/dmhhs/page_content/attachments/Report%20and%20Recommendations%20of%20the%20MCHST_FINAL.pdf)

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<sup>6</sup> Stakeholders will have additional opportunities to engage with the contractor during the rate study process. This reflects the review of the preliminary results.